



## Austin/Travis County Health and Human Services Department



| Public Health and Community Services Division<br>Division of the Medical Director                            |  |
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| <b>Title:</b> Health Insurance Portability and Accountability Act Overview                                   | <b>Policy Number:</b> 5.6  |
| <b>Type:</b> Safety/Risk Management  |  |
| <b>Approved:</b><br><br>Director: _____<br><br>Medical Director: _____<br><br>Discipline Professional: _____ |  |
| <b>Attachments:</b> None   |  |
| <b>Effective Date:</b> April 14, 2003  | <b>Revision Dates:</b> October 1, 2004; August 9, 2005; August 1, 2006; August 7, 2007; March 26, 2012 |

I. **Purpose:** The Austin Travis County Health and Human Services Department will comply with all federal and state laws that pertain to any aspect of the clinical practices or business procedures of the Department. In particular, privacy and security rules relating to the Health Insurance Portability and Accountability Act (HIPAA), along with related state laws, are integral to matters of privacy, medical records, the confidentiality of communications, and other topics addressed throughout these policies and procedures.

II. **Scope:**  
  
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III. **Policy:** It is a policy of the Department that any employee who has access to protected health information (PHI) will comply with the HIPAA Privacy Rule. This includes information stored and transmitted electronically, paper records and oral communications. Protected Health Information includes any information as it relates to the past, present, or future physical or mental health condition of any clients, any treatment they have received, and health care payment information.

IV. **Procedure:**

1. Each Division will appoint a **Division Privacy Officer** who will continually evaluate privacy practices, train staff about privacy issues, supervise the sharing of information with third parties, and address any complaints from clients, their friends and loved ones, staff, other providers, or members of the community.

2. Each **unit** within the Divisions that has access to PHI will also have an appointed **Unit Privacy Officer**.
3. All employees will be trained on the HIPAA policies and procedures to ensure that employees are compliant with both state and federal laws. The **Unit Privacy Officers** are responsible for training new staff during orientation, and retraining regular staff annually.
4. Employees will ensure that the “Notice of Privacy Practices” is reviewed by all clients in order to increase the client’s understanding of how their Private Health Information is stored, used and shared beyond this practice, and to notify them of their rights created under HIPAA.
5. Under all circumstances, when PHI must be communicated either within the Department; the Divisions or to a third party, only the amount of information that is minimally necessary to accomplish the appropriate purpose will be divulged. The **Unit Privacy Officer** is responsible for establishing criteria on what information is minimally necessary for recurring situations. Unusual or unique needs to share information will be conveyed to the **Unit and Division Privacy Officers** for approval.
6. Public Health Information that is shared as part of delivering quality client care will not be scrutinized under the minimally necessary guidelines and any information necessary for quality care will be shared appropriately.
7. Only those client records and files that are immediately necessary for client care will be kept at workstations.